FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE:** 

## Feb 25, 2002 8:00 am P00000065474 DOCUMENT # **Secretary of State** 1. Entity Name 02-25-2002 90575 018 \*\*\*150 00 JOE LOTT, INC. Principal Place of Business Mailing Address 62 RANCH HOUSE RD. 62 RANCH HOUSE RD. VENUS FL 33960 VENUS FL 33960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-1024250 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RHOADES, CLIFFORD R Street Address (P.O. Box Number is Not Acceptable) 227 NO. RIDGEWOOD DR. SEBRING FL 33870 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ☐ Addition CR2E034 (9/01 TITLE □ Defete TITLE Change LOTT, JOSEPH W NAME NAME 62 RANCH HOUSE RD. STREET ADDRESS STREET ADDRESS VENUS FL 33960 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE LOTT, CLARICE S NAME NAME STREET ADDRESS 62 RANCH HOUSE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **VENUS FL 33960** ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in B'ock 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.